MAR 2 9 2004 E

PTO/SE/17 (10-03)
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CEE TO AN CRAITTAL						T	Complete if Known						
FEE TRANSMITTAL for FY 2004					ſ	Application Number		er	10/603,670				
					<u> </u>					June 26, 2003			
	T	OL		2004	ŀ	l	First Named Inventor			tor	Kristy A. Campbell		
Effective 10/01/2003, Patent fees are subject to annual revision.					Examiner Name			Not Yet Assigned					
Applicant claims small entity status. See 37 CFR 1.27					Ī				N/A				
TOTAL AMOUNT OF PAYMENT (\$) 290.00								M4065.04	57/P457-B				
METHOD OF PAYMENT (check all that apply)									FEF	CALCUL	ATION (co	ntinued)	
		redit	Money			2.4	DOITIO	NIAI		OALOGE	<i>3111011</i> (00.	······································	
Check X Card Order Other					3. ADDITIONAL FEES								
X Deposit Account:						Large Entity Small Entity							
Deposit Account 04-1073					Fee	Fee	Fee	Fee	-	Fee Desc	rintion		
Number 04-1073					Code	(\$)	Code	(\$)		ree Desc	приоп	Fee Paid	
Deposit Dickstein Shapiro Morin &					1051	130	2051	65	Surcharge -	- late filing fe	e or oath		
Name The Director i	ia autha		shinsky LL			1052	50	2052	25	Surcharge -	 late provision 	nal filing fee or cover	
				1	nuarna umants	1053	130	1053	130		h annaifiaatia		
X Charge fee(s) indicated below X Credit any overpayments								_	h specification				
Charge a	any additi	onal fe	e(s) or any unde	erpayment of	fee(s)	1812	2,520	1812	2,520	_		arte reexamination	
Charge for	ee(s) indi	cated t	elow, except fo	or the filing i	fee	1804	920*	1804	920*	Examiner a			
to the above-identified deposit account.					1805	1,840°	1805	1,840*	Requesting Examiner a	publication o	f SIR after		
FEE CALCULATION				1251	110	2251	55	Extension for	or reply within	110.00			
1. BASIC F	ILING	FEE				1252	420	2252	210	Extension for	or reply within		
Large Entity	Small	-				1253	950	2253	475	Extension f	or reply within	third month	
Fee Fee Code (\$)	Fee Code	Fee (\$)	Fee Des	cription	Fee Paid	1254	1,480	2254	740	Extension f	or reply within	fourth month	
1001 770	2001	385	Utility filin	g fee		1255	2,010	2255	1,005	Extension f	or reply within	fifth month	
1002 340	2002	170	Design fil	ing fee		1401	330	2401		Notice of A		. (1)	
1003 530	2003	265	Plant filing			1402	330	2402		_	ef in support o	f an appeal	
1004 770	2004	385	Reissue f	-		1403 1451	290 1,510	2403 1451	145	-	r oral hearing	lic use proceeding	
1005 160	2005	80		al filing fee		1452	110	2452	55		revive – unavo		
	;	SUBI	TOTAL (1)	(\$)	0.00	1453	1,330	2453	665	Petition to r	to revive - unintentional		
2. EXTRA	CL AIM	FFF	S FOR UTI	ITY AND	REISSUE	1501	1,330	2501	665	Utility issue	fee (or reissu	ie)	
	-	,	Extra I	Fee from below	Fee Paid	1502	480	2502	240	Design issu	ssue fee		
Total Claims		.** =		=		1503	640	2503	320	Plant issue	fee		
Independent	H	-** =	×			1460	130	1460	130	Petitions to	the Commiss	sioner	
Claims L Multiple Depen	ndent					1807	50	1807	50	Processing	fee under 37	CFR 1.17(q)	
Large Entity Small Entity					1806	180	1806	180	Submission	on of Information Disclosure Stmt		180.00	
Fee Fee	Fee	Fee	Fee	e Descriptio	on.	8021	40	8021	40			ssignment per	
Code (\$) 1202 18	2202	(\$)			_	1809	770	2809	385	Filing a sub		final rejection	
1201 86				ess of 3					(37 CFR 1.				
1203 290	2203	145	Multiple deper	ndent claim,	if not paid	1810	770	2810	385	examined (37CFR 1.129	(b))	
1204 86	2204	43	** Reissue ind over origina		aims	1801	770	2801	385	•		xamination (RCE)	
1205 18	2205	9	** Reissue cla	•	s of 20	1802					or expedited examination n application		
			and over or			Other	fee (spe	cify)					
SUBTOTAL (2) (\$) 0.00 **or number previously paid, if greater; For Reissues, see above					*Redu	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 290.00							
SUBMITTED BY											(Complete	(if applicable))	
Name (Print/Type) Thomas J. D'Amico					ration No ey/Agent)		,371		Telephone	(202) 828-2232			
Signature	+			AS	**	CAROTA	-yrngeill)				Date	March 29, 2004	ļ
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Applicatio 10/603,6		Filing I June 26		Johannes P. M	
			, 2003	Jonannes F. IVI	511dt 2020
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he fee has beer	n calculated an				
	Claims	Highest	S AS AMENI	JED	
	Remaining After	Number Previously	Number Extra Claims		
	Amendment	Paid	Present	Rate	
Total Claims	20	- 43 =	0	Х	0.00
Independent Claims	7	- 13 =	0	x	0.00
Multiple Depend	dent Claims (ch	eck if applicabl	e)		
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